

Veterans Care Center Advisory Committee  
Meeting Minutes  
May 28, 2008

A meeting of the Veterans Care Center Advisory Committee (VCCAC) was held on Wednesday, May 28, 2008 at the Sitter & Barfoot Veterans Care Center, 1601 Broad Rock Boulevard, Richmond.

**Members Present:**

Vince Burgess  
Scott Brown  
Julia Dillon  
John Jackson  
Karen Olichwier  
Sandra Ranicki  
Bill Van Thiel

**Members Absent:**

Jim Dudley  
Thad Jones  
Worth Kenyon

**Others Present:**

Steven Combs, DVS Director of Policy and Planning  
Tasmyn Childress, DVS Office Assistant  
Judy Reid, DVS IT Program Assistant

**Materials Distributed**

- Agenda
- Draft Minutes of September 28, 2007 meeting

**Call to Order and Welcome**

Commissioner Burgess welcomed everyone, and called the meeting of the VCCAC to order at 10:15 a.m.

**Roll Call and Quorum Determination**

Six out of ten members were present and a quorum was determined to exist. Mr. Van Thiel arrived late bringing the voting members to seven.

**Review and Approval of VCCAC September 28, 2007 Minutes**

The Commissioner asked the members to review the minutes of the September 28, 2007 meeting. A **motion** was made by Mr. Brown, and seconded by Mr. Jackson, to approve the minutes as written. The decision was unanimous to approve the minutes as written.

**Sitter & Barfoot Veterans Care Center Update**

Led By Sandra Ranicki:

### Residents

Ms. Ranicki reported that the Sitter and Barfoot Veterans Care Center (SBVCC) opened its doors to residents in January. The facility has two of its three units open, and will open the third when there is the need to do so. She said that there are currently fifty-five residents in the facility. In addition, eight to ten residents have completed their short term rehabilitation and returned home. She said that the SBVCC currently has one active duty service member at the facility for short term rehabilitation.

Ms. Ranicki said that the SBVCC has a close working relationship with the McGuire VA Medical Center (VAMC) and has received 50% of the referrals from McGuire. The other referrals have come in from various sources.

### Staff

Ms. Ranicki said that the staff level is increasing weekly. Seventeen new employees were scheduled to start orientation on May 27. 11 of the 171 employees are veterans.

Ms. Ranicki told the Committee that the facility currently has five physicians on staff and a number of different specialists visit the facility as their services are requested.

### Inspections

Ms. Ranicki reported that the Virginia Department of Health had performed the inspection that is required for the SBVCC to receive a nursing home license. The same inspection also allowed the facility to receive its Medicare and Medicaid certification. The SBVCC can now start to bill Medicare and Medicare for services provided.

Ms. Ranicki informed to Committee that in March the inspection team from McGuire VAMC visited the facility over a two week time period. The facility was found to be 100% deficiency free. The inspection paper work has been submitted to the VA to obtain the official certification, in order for the SBVCC to receive the per diem reimbursement from the VA. The paper work is being processed. The effective date will be the date the initial inspection was done and not the date the paper work was processed.

Mr. Jackson asked Ms. Ranicki where the facility stood with service-connected and non service-connected disability veterans being admitted to SBVCC.

Ms. Ranicki said that it is not a requirement for residents to have a service-connected disability, but some of the residents do have some percentage. The requirement is that the resident must have been discharged from the military with an honorable discharge and must have a need for the services the SBVCC provides.

Mr. Jackson asked if the facility has any residents with a spinal cord injury (SCI).

Ms. Ranicki said that they do not currently have any residents with a spinal cord injury as their primary diagnosis. However, she said the SBVCC can accept these patients as long as the facility can assist with their medical needs.

Mr. Jackson said that Hampton VAMC has five long-term care facilities, but they are short beds for long-term SCI patients and the waiting list is long. He said the Hampton VAMC was just awarded eighty beds this fiscal year. There are quite a few people in the Hampton area that have family in the Richmond Metro area and the families have inquired about moving the residents to SBVCC.

Ms. Ranicki said that they have received referrals from the Hampton VAMC. Before saying someone can be admitted, SBVCC would have to look to see if the person has a need for skilled nursing care. The standard is the standard that Medicare uses.

Ms. Olichweir said that there is a difference between being Medicare certified and Medicaid certified and wanted to know if the facility will be able to take the spinal cord patients if they meet the admission criteria.

Ms. Ranicki said that as long as the facility can meet their medical needs and that they meet other criteria, SCI patients are welcome to become a resident at SBVCC. The facility is licensed as a skilled nursing home and all the beds are licensed as Medicare and Medicaid certified. The majority of the admissions have come in utilizing Medicare benefits.

Mr. Brown asked Ms. Ranicki who will be conducting future inspections at the facility.

Ms. Ranicki said that future inspections will be done by the Virginia Department of Health (VDH) and the VA on an annual base, but inspectors can stop in more frequently if they wish. She reported that the U.S. Department of Veterans Affairs and the Virginia Department of Health both visit the facility to conduct annual inspections. She said that someone from the local Health Department office visits once a quarter and inspects the dietary services, which is over and above the annual inspections by the VDH. She said that representatives of the local emergency services agencies were given a tour to familiarize them with the SBVCC, in case there is an emergency.

Commissioner Burgess said that there has been a lot of interest in the SBVCC and people have come out to the facility for tours. He also said that Ms. Ranicki will be hosting lunch for the Governor tomorrow afternoon.

Mr. Jackson informed the Committee that the Paralyzed Veterans of America (PVA), Mid-Atlantic Chapter, has put the SBVCC admission criteria in its newsletter in the past and plan to do it again.

Commissioner Burgess said that Anne Atkins, DVS Director of Communications, will be working on an SBVCC brochure. The brochure will be a way to promote the facility and its services.

Ms. Olichwier asked how the active duty patient qualified to be at the facility if residents were required to have been honorably discharged from the military.

Ms. Ranicki explained that they believed that it was acceptable to care for him. Several physicians from the McGuire VAMC toured the facility and wanted to know what type of services SBVCC could make available to active duty soldiers needing short term rehabilitation care. Some of the soldiers needing rehabilitation do not need to be in a hospital but still need more care than their families can give them. If they are at SBVCC they can actively receive therapy and get assistance with appointments. The young soldier at the facility now will recover shortly and hopefully will return to active duty.

## **Virginia Veterans Care Center Update**

Lead by Bill Van Thiel:

### **Inspections**

Mr. Van Thiel reported that VDH was at the facility to look into a two complaints from a resident at the Virginia Veterans Care Center (VVCC). A resident made a complaint, saying that the facility threatened to not be able to provide him with service. The resident failed to inform the VDH that he was being ill mannered towards his roommate. The VDH reported that the facility did nothing wrong and was found to be protecting the other residents. The second complaint was that during a black out the facility did not have enough oxygen to cover the residents that would need it. It was verified that the facility has enough oxygen on hand to handle an emergency.

### **Run for the Wall**

Mr. Van Thiel reported that there were between 400 and 500 bikers who participated in the event this year. Several of the bikers visited the facility and the residents. Visiting with the residents has become part of the event and small groups went upstairs to sit with friends that reside there. Mr. Van Thiel said that it was a positive day.

Mr. Van Thiel informed the Committee that the local news paper, Channel 7 News and Channel 5 News were all present to capture the event. The day turned out to be a positive media event for the VVCC.

### **Renovation**

Mr. Van Thiel reported that all renovations have been completed. The smoking rooms in the facility have been converted to open space areas. Money was donated to purchase wall mounted big screen TVs. The community has responded very well to their new entertainment addition. Mr. Thiel said that it is nice to have donations so they can purchase things as they need them.

### **Open Positions**

Mr. Van Thiel said that the VVCC nutritionist and the VVCC activities director had recently resigned, but both positions have been filled. The activities director is a certified recreation therapist. The nutritionist has 10 years of experience and knows the dietary department, as well as how to run a kitchen.

### Residents

Mr. Van Thiel reported that there are currently 24 open rooms in the facility.

Mr. Van Thiel informed the Committee that there were a lot of pneumonia and two confirmed cases of the flu at the VVCC. Ms. Ranicki said that at SBVCC they only had one confirmed case of the flu at her facility.

Mr. Jackson asked Mr. Van Thiel where the facility stood with service-connected and non service-connected disabilities.

Mr. Van Thiel said that he has two residents that have a service-connected disability at 70% or greater. The two residents with the service-connected disabilities have other payment sources. As of now there is no protocol or regulations to reimburse facilities from the VA.

Mr. Jackson said that this is an ongoing problem. The PVA government relationship department is trying to work with the VA to come up with some type of a process.

Ms. Ranicki said that the National Association of State Veterans Homes (NASVH) sees this as a top priority and that the states are waiting on new guidelines and procedures to be issued.

Mr. Jackson asked if the VVCC has any SCI or MS residents at the facility.

Mr. Van Thiel said that he does not have any SCI or MS residents at this time but have had SCI and MS residents in the past. He said that the VVCC has all the equipment to take care of SCI or MS residents.

Commissioner Burgess noted that Mr. Jackson had brought up that the Hampton VAMC has a waiting list. He added that if some of the veterans there wanted to move, they could move to the VVCC.

Mr. Van Thiel said that his staff could interview the Hampton residents and then determine if they qualified for admission to VVCC. He said that if the veterans were young, it was likely they would not want to be in a nursing home. He said he has been told that the VA is trying to get young veterans and service members out of institutions and into home-based care where possible.

Mr. Jackson said that TBI is also affecting young veterans and that the VA does not want to put them into institutions, but sometimes the families later find out that it is more difficult to care for these veterans than they initially thought.

Mr. Van Thiel said that if a person is on a respirator his facility cannot accept them. The criteria are also based on their behavioral issues and how much brain trauma they have. If the facility has the equipment to take care of them then they can provide care to them.

Ms. Olichwier said that the VA has programs for the families. Her facility, the Salem VAMC, offers in-home respite and 30 days in the long term care unit. A lot of families take advantage of the in-home respite. There are people who are still unsure about the new care.

## **2008 General Assembly Summary**

Led By Steve Combs:

Commissioner Burgess said that the DVS and veterans had a very successful General Assembly session. The Joint Leadership Council of Veterans Service Organizations (JLC) did a good job of getting the words out of what the veterans needs are. They were successful in getting out legislative issues.

### **Wounded Warrior**

Mr. Combs reported that the Virginia Wounded Warrior Program (VWWP) was awarded \$4.4 million for the next two years, from the General Fund. The funds will go through towards developing a program that will monitor and coordinate mental health and rehabilitation services for service members and families, including those in the National Guard and the Reserve components. The funding will allow the DVS to hire five new employees. Three of those employees will operation on a regional level and the other two will operate statewide outreach programs. Part of the \$4.4 million will go toward direct grants to community health providers.

Commissioner Burgess said that the VWWP Executive Director position is currently posted and will be closed on the 6<sup>th</sup> of June. The projected hire date will be around the 1<sup>st</sup> of July. The first six months will be spent setting up the structure and bringing the regional employees on board. He noted that there would be regional directors in Roanoke, Northern Virginia, and Tidewater, while the Executive Director would cover Richmond and Central Virginia.

Commissioner Burgess discussed private fundraising initiatives in support of the VWWP, and said that the Department would also seek federal grant funding.

Ms. Dillon asked when the Department would have the regional directors in place.

Commissioner Burgess said they would be hired in the fall, and that DVS wants to bring the Executive Director on board first. The Director will help define the role of the regional staff.

### **TurboVet**

TurboVet is an automated claims filing system. It is similar to Turbo Tax. It will help veterans to prepare and file disability claims with the VA.

### **Care Center Construction**

Commissioner Burgess informed the Committee that the General Assembly authorized the Department to request additional VA construction funds for the SBVCC addition and the Hampton Roads Veterans Care Center. The increase was due to the project not starting for another three to five years. He noted that the Commonwealth had also committed to meeting the state share (35%) of the increased project costs.

Mr. Combs said that they recently have been involved in very productive discussions with the Hampton VAMC, and that the VAMC has already identified a site for the future care center.

Commissioner Burgess reported that the Hampton VAMC has funds in its budget to demolish the buildings that are currently on the site of the planned Hampton Roads Veterans Care Center.

Mr. Combs reported that the Department received authorization from the General Assembly to seek federal grant funding to construct a care center in Northern Virginia. The Department can submit a grant application after July 1 to get on the federal priority grant list to construct a center with up to 240 beds. The state has pledged its 35% share of the construction funding which will allow the project to be ranked in the Priority One Group.

Commissioner Burgess thanked Mr. Combs for being instrumental in securing these initiatives from the General Assembly.

### **USDVA 2008 Priority Construction List- Virginia Ranking**

Led By Steve Combs:

Mr. Combs informed the group that the Department currently has three projects on the VA priority list of pending of construction grant applications. Renovations for the Roanoke facility are ranked at 79.

Mr. Van Thiel said that it's called a renovation but most of the project is equipment and large things in addition to the building repairs. Some of it is new construction, replacement of equipment, and other improvements to make the facility safer for the residents.

Mr. Combs reported that the addition to the SBVCC is ranked at 90 and that the new Hampton Roads Veterans Care Center is ranked at 91.

### **Hampton Roads Veterans Care Center Update**

Led By Commissioner Burgess:

Commissioner Burgess said that he believes that because the potential site for the Hampton Roads Veterans Care Center (HRVCC) is smaller than that for the SBVCC and VVCC, the facility will have to be multi-story. He also reported on a meeting he had with Sheila Robinson of the VA State Homes Grants Program. He said he asked if states had ever built a facility entirely with state funds, and had later been reimbursed by the VA for the 65% federal share. He said that Ms. Robinson told him that this had been done before, as long as the facility was built and operated according to VA requirements.

Ms. Ranicki said that the VA is exploring the "neighborhood concept" in nursing home construction, which features a series of smaller nursing units vs. the large units currently used.

Ms. Olichwier asked what is being done with a high rise building, what kind of design concepts are in place to keep people from jumping out of the windows.

Mr. Van Thiel said that you can not jump out of the windows because they are too small and they do not open wide enough. He has never had a real issue at his facility.

### **Northern Virginia Veterans Care Center update**

Led By Steve Combs:

Mr. Combs reported that the Department received authority from the General Assembly to seek Federal Grant money, but will also be looking for alternative sources to bring the facility on line earlier and seek the federal reimbursement later. He noted that the facility is needed now due to the Virginia veteran's population being revised upward. The latest VA estimates put the number of veterans in Virginia at 807,000 – up from 728,000 in the previous estimate. The VA forecasts that the population of veterans 65 and older in Virginia will be much higher than the previous model.

Mr. Van Thiel asked if the formula will be changing for the number of long-term care beds each state may have, now that Virginia has more veterans.

Mr. Combs replied that each state is allowed a certain amount of beds for which the VA will provide construction funding and pay per diem. He noted that even with the planned SBVCC addition, the HRVCC, and the Northern Virginia Veterans Care Center (NVVCC), there are still 300 beds that can be used at to construct new facilities throughout the state.

Mr. Van Thiel and Ms. Ranicki discussed meetings they had had with officials from George Mason University, regarding a potential site on the GMU campus. They noted that GMU officials had visited SBVCC to discuss the matter.

Commissioner Burgess said that he had talked with officials from the Maryland Department of Veterans Affairs regarding that state's 500-bed veterans care center. He said that it is 60 miles from the Virginia-Maryland border, and it under capacity by 250 beds. Commissioner Burgess broached the idea of having Maryland set aside some beds for Virginia veterans.

### **Update on potential veterans care centers**

Led By Steve Combs:

Mr. Combs said that the DVS has been contacted by local government official in southwest Virginia and in the central Virginia about placing a veterans care center in there area. He said that he and Commissioner Burgess went to Tazewell County at the end of April and met with local government officials, citizens, and health care providers there. Tazewell County is interested in building a smaller facility in the area. They are looking for some innovative ways for funding and then have the federal government reimburse construction costs later.



Commissioner Burgess said that there are two potential sites – in the towns of Tazewell and Richlands. Both have hospitals but no VA medical centers.

Mr. Combs said that the Department has received a couple of questions about other potential sites in southwest Virginia, such as Abingdon and Marion.

Commissioner Burgess, Mr. Van Thiel, Mr. Combs, and Ms. Mickie Jones (who is with DMHMRSAS and provides A/E services to DVS) met with officials in Augusta County about a care center in that area. The location wasn't one that was recommended in the William & Mary Care Center Study, but local officials and health care providers are interested in having a care center in their community, on the grounds of the Woodrow Wilson Rehabilitation Center in Fishersville.

Commissioner Burgess reminded the Committee of the VA cap on the number of beds in Virginia. He said that with only 350 beds to spread around the state, the Department did not want to build any single facility that was too large, but that any facility that was built had to be large enough to be self-sustaining.

Mr. Van Thiel added that facility size is critical. He said that the state will not approve construction of a new facility with fewer than 120 beds, as it is not cost effective to operate. He also expressed concern over the availability of trained nursing staff, especially in southwest Virginia.

Commissioner Burgess replied that the Department would explore alternatives to these two issues.

### **Development of Site selection process for future care centers**

Led By Vince Burgess and Steve Combs:

Commissioner Burgess asked the Committee to help develop the site selection criteria for new facilities.

He said that the current care centers are on the campuses of VA medical centers, as will be the HRVCC. But when you get into a region like southwest Virginia, how do you do where the best place for a care center is? The Department is working on a site selection matrix that will help to determine the best place in the region to construct a care center or centers. The matrix will include data focusing on utility availability (power, sewer, water) that should be taken into consideration. After the data is gathered the locations will be ranked to make sure that DVS is getting the best site to serve veterans in that area.

Mr. Brown said that each new facility should be within a 50 mile radius of a Community Based Outpatient Clinic (CBOC). Mr. Brown said that he picked the site for the new CBOC in Norfolk based on patient demographics.

Commissioner Burgess asked Mr. Combs to take the information given and develop a working matrix. The DVS has to be able to defend the location that was chosen for the facility.

Mr. Van Thiel said that you look at the demographic factors, the population, the potential for cooperation (shared services) with local medical centers, and the labor force. He noted that geographic and topographic features will figure prominently into any potential site in southwest Virginia. You have to find flat land to put the facility on. You have to find out where you can build the facility. After you find the land you have to see if you have enough people to use it and then enough people to staff it. You have to also see if the area has doctors who will to see nursing home patients.

Ms. Olichwier said that she was surprised that Danville has not shown an interest because they have a waiting list for the care centers in their areas.

Mr. Van Thiel believes that the Danville area is becoming more concerned about its growth, while Tazewell is looking for the economic stimulus. There are different economic drivers.

Mr. Combs said that the matrix should take into account transportation and highway access. People have to be able to get there easily. Mr. Brown said that his hospital has a planner and can approach the group with the questions.

Mr. Combs said that he and Commissioner Burgess toured the Tazewell Community Hospital and were shown flat land where the care center could go.

Commissioner Burgess said that the potential site would ideally have twenty-five to thirty acres.

Ms. Olichwier asked how much interest other areas in Southwest Virginia had shown in having a care center.

Mr. Combs said that one inquiry had been received from a doctor in Marion, but that it concerned a hospital, not a care center.

Commissioner Burgess asked Mr. Brown if his planning group would review the matrix and provide feedback.

Commissioner Burgess suggested that Mr. Combs contact other states to see what they use as criteria.

### **Public Comment Period**

There was no public comment.

### **Schedule Next Meeting Date and Location**

Commissioner Burgess said that he would like to schedule the next meeting September 30, 2008 at the Virginia Veterans Care Center in Roanoke, Virginia.

Commissioner Burgess said that he would invite Mickie Jones and Jim Taylor of DMHMRSAS to attend the meeting that will be held on September 30, 2008.

**Adjourn**

There being no further business, a **motion** was made by Mr. Van Thiel and seconded by Mr. Brown to adjourn the meeting. The meeting was adjourned at 12:30 pm.